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Navy & Marine Corps Medical News  
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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Hospital Corpsmen, local rescue teams support crash rescue effort

By Sarah Burford, The Navy Channel, Port Hueneme

PORT HUENEME, CALIF. -- During natural disasters and other emergencies, hospital corpsmen and Navy doctors often support the community. In recent weeks, as the personnel at

Naval Air Station Point Mugu, Calif., and Naval Construction Battalion Center Port Hueneme, Calif., participated in the recovery effort of Alaska Airlines Flight 261 crash, it was the Navy's hospital corpsmen who were prominent supporting the recovery teams.

From the very beginning of the Flight 261 crisis, hospital corpsmen from Pt. Mugu and Port Hueneme found themselves heavily involved. As trained medics, ready for combat, hospital corpsmen are ready for any emergencies. Monday night, Jan. 31, was no exception. Within minutes of the crash, a team of duty hospital corpsmen was ready to care for survivors and rescue workers.

From her home, Lt. Kelli Westcott, MC, the Naval Ambulatory Medical Clinic at Port Hueneme on-call physician, watched the events of the crash unfold on the evening news. Westcott made her way back to the base, realizing the need for her skills and the skills of the hospital corpsmen working for her.

"I was at home when I saw the reports of the crash on TV," she said. "I headed out for Point Mugu, as soon as I realized how the Navy was going to be involved. I knew there was going to be a need for medical care in some form, whether it was for survivors or for the people participating in the rescue."

As the search and rescue operation shifted from Pt. Mugu to Port Hueneme, Westcott and her staff maintained a medical presence throughout the night. Medical concerns also shifted from survivors to the needs of the rescue workers.

The medical team dealt with concerns such as hygiene, for not only the Navy members working on the recovery teams, but also the Coast Guard, Ventura County Fire and Police rescue workers, and local fishermen who were also assisting. As Westcott explained, the fishermen, unlike the military and fire and police rescue workers, were not trained in the handling of biohazardous materials. To prevent dangers, the corpsmen instructed the fishermen on how to handle materials safely.

While many career paths within the military don't prepare Sailors for the sights of a tragedy such as this crash, much of a hospital corpsman's training is devoted to accident scenarios. When the events of the Flight 261 tragedy began to unfold it was this training that allowed them to do their jobs with calmness under pressure that carried over to others working with them.

"I think because the corpsmen are used to dealing with crisis situations like this; because they are trained since corps school for this type of situation, they brought a maturity level and a professionalism into this particular situation," said Westcott.

Hospital Corpsman Third Class Petra Frey, one of the on scene hospital corpsmen, agreed with Westcott, but also admitted that despite the training, one can never be sure how one will respond in an emergency situation.

"We always train for things like this and anticipate

them happening," she explained. "But, you can never be truly ready for something like this when it really happens."

Showing the Seabee "Can Do" spirit, the team of doctors and hospital corpsmen played an integral part in a team effort that touched the lives of so many. It was an effort that not only called upon the strengths of the Navy here in Ventura County, but also countless numbers of civilian agencies as well. They are a true testament to the cooperation of our military and the communities that support them.

"I was really impressed how the military, the fire and police rescue and all the other organizations came together and worked off each other's strengths," said Westcott. "There were no shining stars in this operation, only dedicated professionals."

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Headline: Navy MTFs win Customer Satisfaction Awards  
(photos)

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Navy medical facilities' quality service to customers was recognized by their taking nine awards in several unit categories of the TRICARE Awards this year.

The competition is hosted by the TRICARE Management Activity, the military's health care managers, which sends surveys to hospital customers to gauge the military healthcare program. The awards, a plaque for first place and a certificate for recognition, are based on patient surveys that the medical facilities never see. Patients are asked about ease of making an appointment, how long before calls are returned, were procedures and tests explained, what was the care givers personal interest in the patient and other questions.

In addition to the usual Customer Satisfaction Award, the MTF Access Award was added this year to emphasize the commitment of the facilities to make access improvements.

Naval Hospital Pensacola, received a certificate in the CONUS Community Hospitals category. Capt. R.D. Hufstader, MC, commanding officer of the hospital attributed the award in part to ideas generated by service members and their families at the Health Consumer Council:

- Establishing a central appointments number
- Improved claims processing
- Better understanding of TRICARE through the "TRICARE Teachable Moments" program, among other suggestions.

Hufstader said some things were major issues that were resolved by "listening to our customers and tweaking the system to make it more responsive."

Naval Hospitals Bremerton and Jacksonville also won certificates in the CONUS Community Hospital category.

Naval Hospital Bremerton was recently chosen as an excellent business model for Department of Defense MTFs. The latest Customer Service Recognition Award indicates the

MTF has created a successful union of business practices and customer satisfaction, according to Capt. Gregg Parker, commanding officer of Naval Hospital Bremerton.

Naval Hospital Rota, Spain, won the first place Customer Satisfaction Award for overseas hospitals. Naval Hospital Sigonella, Italy, received a certificate Customer Satisfaction Award in the same category.

"Our skipper requires everyone to go through a customer service class to make sure everyone's definition of customer service is the same," said Lt. Cmdr. Chuck Pullen, MSC, patient representative for Naval Hospital Rota. "The only input we have for this award is to provide quality service everyday."

Rota's award follows its 97 score on a recent Joint Commission for Accreditation of Hospital Organization inspection.

In the Access Award category, Naval Hospital Charleston won a certificate for community hospitals in the United States.

Naval Ambulatory Care Clinic, Kings Bay, Ga., showed how to be a premier care center by winning first place plaques for the MTF Customer Satisfaction Award and the MTF Access Award for Ambulatory Care Facilities in the United States.

Parker, when describing what the award meant to his hospital at the same time described how all Navy MTFs approach customer satisfaction.

"I believe this is a reflection of the strong emphasis we put on customer relations. It's our vision to be known as the preferred source for timely, respectful and compassionate care with the best possible outcomes, and this award says we are attaining this goal."

MTF Customer Satisfaction Award - CONUS Community Hospital

- Naval Hospital Bremerton, Wash.
- Naval Hospital Jacksonville, Fla.
- Naval Hospital Pensacola, Fla.

MTF Customer Satisfaction Award - CONUS Ambulatory Care Facility

- Naval Ambulatory Care Clinic, Kings Bay, Ga.
- Naval Medical Clinic, Annapolis, Md.

MTF Customer Satisfaction Award - OCONUS Hospital

- Naval Hospital Rota, Spain
- Naval Hospital, Sigonella, Italy

MTF Access Award - CONUS Community Hospital

- Naval Hospital Charleston, S.C.

MTF Access Award - CONUS Ambulatory Care Facility

- Naval Ambulatory Care Clinic, Kings Bay, Ga.

Rod Duren, Naval Hospital Pensacola, Judith Robertson, Naval Hospital Bremerton and JOC Jon McMillan, Naval Hospital Rota contributed to this story.

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Headline: Field training keeps dental unit prepared for deployment (photos)

By Cmdr. Kevin Mears, DC, 3rd Dental Battalion Okinawa

OKINAWA, Japan -- Training keeps medical teams ready, and that was demonstrated recently when dental officers and technicians of the 3rd Dental Battalion practiced realistic deployment conditions while cleaning teeth and filling cavities.

Whether afloat or ashore, the 3rd Dental Battalion team must always be ready to deploy on short notice in response to armed conflict or to a humanitarian support effort and maintain the dental health of the rapidly deployable III Marine Expeditionary Force.

During the training, which was accomplished in two phases in December and January, dental personnel assembled their portable rigid shelters with collapsible walls and ceiling and operated their Authorized Dental Allowance List or ADAL units in simulated field conditions. This time dentistry was not in a perfectly climate-controlled building with all of the conveniences. Now they had to practice as if they were at the tip of the spear with the Marines.

The Marines' 9th Engineering Support Battalion took advantage of the training cycle to receive quality dental care by the 3rd Dental Battalion crew.

Logistical and administrative support were provided to the participants by the Hansen Dental Clinic, and that support ensured another element of dental support gained field-like experience.

The annual training helps ensure that 3rd Dental Battalion maintains its "battle edge" in support of its Marine Corps customers.

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Headline: Navy Medicine provides first care to future Sailors

By Lt. Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, Ill. -- This year more than 56,000 recruits are expected to arrive at the shores of Great Lakes from across the United States, the Territories and Commonwealth to learn the skills needed to excel in today's Navy.

As they arrive at 3:30 in the morning and take their place behind a yellow line, soon to begin the haircuts, meals, gear and books issue process, Navy Medicine is not far behind.

On their first day, men and women fill out a detailed questionnaire about their medical condition, receive a tuberculosis test, and they are registered in the Composite Health Care System.

Medical gets them again on the third day, when every recruit has a review of immunizations they received as civilians. They then start an extensive physical exam including blood draws for various tests.

"Eight routine lab tests are conducted on recruits as their medical record is compiled and their SMART Cards updated to avoid duplication of shots and wasted resources," said Lt. Cmdr. Susan Lichtenstein, MSC, administrative head

of the USS Red Rover Branch Medical and Dental Clinic where all this takes place.

On day four, it is time for eight routine immunizations to be administered to up to four divisions or about 360 recruits in one day. Branch Medical and Dental Clinic USS Red Rover is designed specifically to get recruits in and out of medical and dental processing quickly so that no recruit training time is wasted.

As a division gets immunized, another goes to a totally separate station for visual screening or hearing tests.

"About a quarter of all recruits passing through the Optometry Section need a full eye exam, with some indicating a need for glasses," said Capt. Robert North, MC, the director of Fleet medicine at Great Lakes.

On their final day at the USS Red Rover Clinic, males and females are separated and given wellness training and initial female screenings.

"Eighteen percent of recruits are female and this translates to an estimated 9,000 pap smears and exams needed for baseline analysis," said Cmdr. Lisa Roybal, NC, who heads the Women's Health Clinic located within USS Red Rover Branch Medical Clinic. It is here that healthcare is front loaded and a lot of time is spent on wellness and educating America's young Navy recruits about personal hygiene, birth control, venereal disease and smoking cessation.

"It is no mistake we want the best Navy Hospital Corps personnel working at Great Lakes. There is so much of Navy Medicine's image on the line because a recruit's first impression of the Navy is formed here," said Capt. Elaine Holmes, MC, commanding officer, Naval Hospital Great Lakes.

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Headline: Corpsman makes mom proud (photo)

By JO1 Patrick W. Schuetz, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Growing up couldn't have been easy for Hospital Corpsman Apprentice Trenton Thomas, but you wouldn't know it by talking to him. The eldest of five children, he looked after his brothers and sister as far back as he can remember while his single mother worked odd housekeeping jobs to support the family.

And although he admittedly grew up in a rough area of his hometown of Titusville, Fla., he never strayed to the drugs or wild activity that waited on every street corner.

"I always wanted to make my mom proud," said the bright-eyed 20-year-old, explaining his policy to never skip school or try the drugs that were offered to him on a daily basis. "I also had my brothers and sister to think about."

All relatively close in age, Thomas' siblings looked to him for leadership, to set an example, and more importantly, to always be there for them.

"In those days, it wasn't a bad thing to leave a bunch of kids home alone to go out and earn a living. My mom had to do that, and she always trusted me with them," he said.

"I took that seriously."

While attending Astronaut High School in Titusville, the budding track star kept a close eye on his studies while planning for a future as a doctor - a pediatrician.

"I've always been interested in medicine and liked being with kids," he said. "I kept my grades up to make sure I'd be able to get into college, and to make my mom happy."

Concentrating on grades didn't take all of his attention though. Thomas also held down a job at a local restaurant, working as a cook to help support his family. But like most teenagers, he managed to set some money aside for things important to him - a car stereo and clothes. They were things that helped him connect with his classmates, while not connecting with them on so many other levels, such as using drugs.

"I loved school and was in a lot of honors classes," he said. "That made me different from most. But participating in sports did help me fit in when I might not have."

After participating in two state championships in track, as well as playing football in the off-season just to keep in shape, the high-school graduate found himself faced with a difficult decision.

"I had received a scholarship for track, but also thought enlisting in the Navy was the right thing to do," he explained. "I knew my mom would be very proud of that decision, and the experience of working as a corpsman could only help me become a better doctor."

After his decision to enlist in the Navy was made, Thomas did what he had done his whole life, his best.

He completed Hospital Corps School with honors and then attended the Field Medical Service School and prepared for an independent tour of duty with the Marine Corps. Then, just as other forces have led his life in unexpected directions, he received orders to the Naval Medical Center, Portsmouth where he got his dream assignment - working in the Pediatric Hematology/Oncology Department.

"I love working with the kids!" he exclaimed. "It's an unbelievable experience...but it's hard not getting attached to them."

"You see them come in, and they're not feeling well, then after they've been here awhile, they're feeling better and smiling a lot. That makes you feel good...then the day comes that they have to go home," he said, lingering on that thought. "That's the real plus!" he enthusiastically added. "They come here needing help, and I'm able to give them that...give them what they need to get better."

As part of his duties, Thomas acts as a doctor or nurse's assistant, starting intravenous lines and administering prescribed medications, as well as doing little things like giving a bath, changing a diaper or bringing a drink of water.

"I love being able to help out our patients," said a grinning Thomas.

And while he sings praise of formal education, insisting everyone should have the means to go to college, he's also very grateful for this on-the-job experience and the advantages he's receiving from it.

"I love what I am learning in the Navy, but I know when my five years are up, I'm going to attend medical school," he said. "I plan on being mostly done with my bachelor's degree by then, so I'll be well on my way and have a world of experience under my belt to boot."

And in his quest to make his mother proud, which he has no doubt done many times over, he has already learned what some leaders take years to understand, the need to lead by example. His next youngest brother, now 18, has also walked the straight and narrow and intends to enlist in the Air Force upon graduating. "Now that makes me very proud," he said.

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Headline: New Quantico clinic just what doctor ordered  
By Pamela Gould, The Free Lance Star

FREDERICKSBURG, Va. -- Come August, when people go to Quantico Marine Corps Base for health care, they no longer will be zigzagging across the base for various types of treatment.

Instead, they'll experience one-stop shopping at a new, centrally located clinic with modern examining rooms and equipment.

The \$17.6 million Ambulatory Care Clinic set to open Aug. 14 will offer all of the services now provided at the base's Naval Medical Clinic and dental facility, plus a drive-through pharmacy. The two-story, red-brick Georgian structure will feature a glass-enclosed, grand foyer with a spiral staircase and a domed roof.

"Oh, we can't wait, we're so excited," medical assistant Pam Ragland said this week. "We're ready to pack."

While the facility will be roughly half the size of the existing clinic and dental offices, project manager Dave Kiefer said it will more than meet physical needs because its space is allocated far more efficiently.

The Naval Medical Clinic was built in 1939 as a dispensary and two years later became a hospital. Inpatient care ended in 1979 as the facility's use continued to evolve. Today, it offers only outpatient care.

Patients in the Primary Care Clinic within that facility are now seen in areas that have been cordoned off from what once was an open dorm-style hospital room lined with beds.

Metal examining-room doors slide across a track in front of the partitioned area, offering little in the way of confidentiality, said Capt. David R. Gervais, the clinic commander.

In fact, the present clinic is so inefficient that some doctors see patients in their offices. The doctor must leave while a patient dresses and then wait for another



patient to come in and get ready before they can use the office again, Gervais said.

The new 101,000-square-foot structure on Barnett Avenue will provide state-of-the-art examining rooms, adjacent offices for each physician, and long, parallel hallways along which the various medical specialties will be located.

The clinic will continue to offer all of the services associated with family physicians. It will also house laboratories, as well as mental health, eye care and other specialties available to active-duty and retired personnel and their families served under the military's TRICARE Prime plan.

The new clinic will not offer in-patient or emergency care. But a doctor will remain on call for after-hours emergencies.

The two satellite offices at The Basic School and Officer Candidate School will see no change in operations.

The Marine Corps Systems Command will be moving into the Naval Medical Clinic once it is vacated, said Capt. Stewart Upton, a base spokesman. The goal is to consolidate operations of that command, which now operates at 23 sites throughout the base.

Gervais said the medical clinic serves about 23,000 patients, but he anticipates an increase once people become aware of the new, modern facility. Current staffing—24 doctors and 250 personnel overall in the medical clinic—can meet the needs of up to 27,000 people, he said.

While excitement is high about moving into a brand-new facility, Gervais said there is also a bit of nostalgia about leaving the old clinic, which pre-dates World War II and stands along the Potomac River near the site of a Confederate gun battery.

But for the staff, there's little time for nostalgia. Medical assistant Montoya Fabrigio is eager to use the new medical equipment that's being ordered for the new clinic. And customer service representative Cindy Eichholz is eager, after 20 years, to be working in a modern medical facility.

"This may be clean," she said standing in a second-floor hallway of the Naval Medical Clinic, "but it never quite looks it. [The new clinic] will be more fresh and more in keeping with the environment we'd like it to have."

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Headline: Jacksonville graduates its first Anesthesia Program students  
By JO3 LeaVonda Battle, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville recently held its first graduation ceremony as the new training center for the 30-month Navy Nurse Corps Anesthesia Program that relocated here in 1998.

The Nurse Anesthesia program was established in 1962 to develop Nurse Corps Officers into anesthetists trained to administer medications producing temporary unconsciousness or general insensibility to pain during a surgical

procedure.

The program moved to Jacksonville in August 1998 because the hospital has a large volume of anesthesia cases, making it an ideal training site for students, according to Cmdr. Rosemarie Andrade, clinical coordinator for the training.

"The program is taught in two phases," said Andrade. "Students receive their first 12 months of academic and professional education at Georgetown University in Washington, D.C. The curriculum includes basic science and nursing courses, as well as other clinical subjects.

"During the second phase, students are transferred to either Naval Hospital Jacksonville, Naval Medical Center Portsmouth or Naval Medical Center San Diego for 18 months of science and research courses on clinical anesthesia.

Andrade said that the three hospitals partner with a civilian counterpart to provide additional training that isn't available at the military treatment facility.

"We send our students to Shands Jacksonville for training in vascular surgery, neuro surgery, trauma and complicated obstetrics," said Andrade.

Students who successfully complete the program receive a master's degree in nursing and are then qualified to take the Nurse Anesthesia certification examination.

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Headline: Industrial hygienist wins occupational health excellence award

By JOC Jon McMillan, Naval Hospital Rota

ROTA Spain -- The first thing Dave Hiipakka, winner of the Capt. Ernest W. Brown award for occupational health excellence, tells you is this award isn't really his - it's an award for the entire department and for all of their customers. "I just happen to be the supervisor," he said.

The award, presented in memory of the late Capt. Ernest W. Brown, who implemented in 1941 the forerunner of today's occupational health program, is given to one person, Navy-wide for excellence in the Occupational Health field. It is an occupation that encompasses industrial hygienists, radiation health officers, audiologists, analytical biologists, environmental health officers entomologists and any doctor, nurse or corpsman who works in the Occupational Health field.

"For us," - Kevin Dyrdaahl, Miguel Garcia and himself - "this job is not just a paycheck. We went to grad school for it - got a professional certification, and we really want to practice I.H. [industrial hygiene] the best we can."

The three make up the Hospital's Industrial Hygiene Services office. They're basically consultants who support the base safety office when it comes to work-related health issues.

"We look at health stressors that would cause illness or injury," said Hiipakka. They also look at noise, lead, heat stress, office ventilation, computer station set-ups,

and asbestos - anything in the work environment that could cause health problems.

"Our goal is to show customers we're committed and concerned for their safety," Hiipakka said. That attitude translates into customer service skills and better response time.

Forging a team between their office and their customers is what Hiipakka attributes his success to. "I don't have any fancy management theories or anything. Just good customer relations," he said. "For three guys, we try to be everywhere we need to be and give our customers everything they need."

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Headline: Experience, studies bring MSC commission to corpsman

By JO1 (AW) John Joyce, The Flagship

NORFOLK, Va. -- Dream your dreams, then set your professional goals and make sure a good education is included in those goals. That's how the aircraft carrier George Washington's Hospital Corpsman First Class (AW) Rodney Schreiber said he was selected for a commission in the Navy Medical Service Corps.

"It's exciting to see the goals you set coming true," said Schreiber, who will soon be sworn in as a commissioned Medical Service Corps officer in a ceremony aboard George Washington.

"It feels great. I've been dreaming, planning and studying for this since 1991. This is the second time that I've applied for a Medical Service Corps commission. All I can say to others applying for chief and officer programs is to be persistent and never give up."

Schreiber, medical administration's leading petty officer, will fly off George Washington a week after his commissioning to join the West Coast's multi-purpose amphibious assault ship USS Essex (LHD 2) as Lt. j.g. Schreiber, health care administrator and division officer.

"This commissioning program is a really good deal for enlisted crew members but higher education is still key to being picked up," said George Washington's senior medical officer, Cmdr. Paul Rocereto, MC. "Petty Officer Schreiber took advantage of Navy programs to complete his bachelors and masters degree and is the perfect example of that.

What's more, his professionalism has positively affected the entire department. He's a big reason that we're medically ready to go to sea and won the Blue "M" or the Medical equivalent to an Engineering "E".

While on shore duty at Kings Bay Naval Submarine Base in Kings Bay, Ga., Schreiber used the tuition assistance program to complete his Bachelor of Science degree in Health Care Management from Southern Illinois University. He completed his Master's Degree in Health Administration from the University of North Florida through the Enlisted Education Advancement Program.

Schreiber's division officer, Lt. Michael Smith, MSC, who holds the same master's degree as his leading petty officer, echoed the importance higher education played in Schreiber's selection for a Medical Service Corps commission.

"Petty Officer Schreiber's master's degree weighed heavy for him," said Smith. "It's not what got him the commission, but it weighed heavily."

Smith said that practical learning from senior petty officers is also a contributing factor for success as a division officer.

"It will sure feel different but thanks to my experience aboard George Washington as a leading petty officer, I'm confident that I will have a good handle on what I need to know and do at my next duty station," said Schreiber. "In the future, I will try to be more of a mentor to other sailors. I'll show them what I've done and help get them on track to further their education and careers to realize their dreams."

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Headline: Anthrax question and answer  
From Bureau of Medicine and Surgery

Question: Has anthrax vaccine ever been used in the past? How many times? By the military?

Answer: Yes, anthrax vaccine has been administered to people at risk (veterinarians, laboratory workers, and some civilians working with livestock) for several decades. The manufacturer and FDA report that about 68,000 doses of anthrax vaccine were distributed between 1974 and 1989.

Anthrax vaccine has been purchased by the Army since its approval by the FDA in 1970, for use by about 1,500 at-risk laboratory workers. Anthrax vaccine was administered during the Gulf War to about 150,000 service members, to protect U.S. forces against Iraq's biological weapons. The military currently vaccinates people working in at-risk jobs, about 3,000 personnel assigned to special operations units, the Army Technical Escort Unit, and the Marine Chemical-Biological Initial Response Force (C-BIRF), plus service members deploying to high-threat areas.

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Headline: TRICARE question and answer  
From Bureau of Medicine and Surgery

Question: As a retiree enrolled in TRICARE Prime, does my enrollment transfer to the new region if I move?

Answer: As a retiree you will be allowed to disenroll and re-enroll twice during the same year. The caveat is that you re-enroll to the original region (i.e. disenroll in region 1 and enroll to region 3 then disenroll in 3 and re-enroll back to region 1). You will be covered for emergency care under Prime from your original region while in route to the next region.

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Headline: Why isn't my antibiotic working?

By Cmdr. Dennis Rowe, MC, Naval Hospital Pensacola

PENSACOLA, Fla. -- Your sinuses are still pounding and you just finished two weeks of antibiotics. What's the problem?

Bacterial resistance to the antibiotic may explain your continued symptoms, a problem that increasingly confronts antibiotic users and prescribers.

If you had a viral upper respiratory infection or URI and you were prescribed an antibiotic, that may have contributed to your continued infection. Why? Viruses cause up to 70 percent of URIs, and viruses are not affected by antibiotics. It is sometimes very difficult to distinguish a viral URI from inflammation of the sinuses.

Bacteria are very different from viruses and are usually susceptible to antibiotic treatment. Antibiotic resistance occurs when the antibiotics taken to stop the infection do not kill all the infection-causing bacteria. The bacteria survive and continue to multiply causing more harm.

Antibiotic resistance is an increasing threat to our supply of infection fighting drugs. As bacteria are exposed to antibiotics, they develop resistance. It's very much like the germs are putting on armor to protect against antibiotic bombs. Resistance occurs very quickly with some bacteria, and this resistance can be passed on to other bacteria.

Increasing resistance has been attributed to the inappropriate use of antibiotics:

- Treating an infection with the wrong drug
- Inappropriately treating viral infections with antibiotics
- Stopping the antibiotic too early
- Patients taking left-over antibiotic prescriptions

It is estimated that office-based doctors provide 100 million courses of antibiotics each year. Approximately half of those being prescribed for colds, coughs and other viral infections are unnecessary.

Why should you care about this? There are some very nasty resistant bacteria out there for which the medical community has no effective treatment. Streptococcus (strep) and Staphylococcus (staph) are common bacteria that have become increasingly resistant to antibiotics.

The strep bacterium is a leading cause of pneumonia, ear infections, meningitis and blood infection in the United States. Since 1987, it has become more resistant to antibiotics.

Some strains of the staph bacteria have become resistant to all antibiotics, and tuberculosis is enjoying resurgence because of multiple drug resistance. This antibiotic resistance problem should have all of us worried.

What can we do about this problem? Prescribers must be more careful in the use of antibiotics. We must ask

ourselves questions: Is this antibiotic really necessary?  
Is it the correct drug for the condition being treated?  
Will the antibiotic cause more harm to a patient than an  
alternate form of treatment?

Patients, too, must become educated users of antibiotics.  
Insistence on antibiotics for illnesses that are not  
affected by antibiotics exposes you to the dangers of drug  
side effects and severe reactions that are worse than the  
disease being treated.

Failure to take all of an antibiotic as prescribed can  
lead to treatment failure and to antibiotic resistance.  
Taking an old prescription may do the same thing and it may  
also expose you to the danger of side effects from  
decomposing drugs.

Antibiotics have changed the face of medicine. Most of  
us will never have to worry about infectious disease as a  
major contributor to death as our grandparents and great-  
grandparents did. However, if we continue to misuse  
antibiotics, we may be headed "Back To The Future."

Cmdr. Dennis Rowe is a board-certified family practice  
physician at Naval Hospital Pensacola.

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Story and digital photo submissions to MEDNEWS are  
encouraged. Generally, stories should be 350-450 words.  
Photos should be at least 300 ppi resolution, at least 4x5  
image size in jpeg format. For more information, contact  
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